

DPTM RANGE FIRE REPORT

DATE/TIME: MM/DD/YYYY//TTTT / / //		
LOCATION OF FIRE (COORDS):		NOTIFY 911 <input type="checkbox"/> TIME:
IMPACT AREA		
IN: <input type="checkbox"/>		OUT: <input type="checkbox"/>
RANGE CONDITIONS		
GREEN: <input type="checkbox"/>	AMBER: <input type="checkbox"/>	RED: <input type="checkbox"/>
REFERENCE POINTS		
TWIN GATES: <input type="checkbox"/>	BLUE BEAVE TRIANGLE: <input type="checkbox"/>	BALD RIDGE <input type="checkbox"/>
IIIrd ARMOR CORPS ARTILLERY		
1st Supplement		
ALERTED <input type="checkbox"/>	TIME:	NAME:
ACTIVATED <input type="checkbox"/>	TIME:	NAME:
2d SUPPLEMENT		
ALERTED <input type="checkbox"/>	TIME:	NAME:
ACTIVATED <input type="checkbox"/>	TIME:	NAME:
PERSON REPORTING FIRE:		
DPTM NOTIFIED		
TIME:	NAME:	
ESTIMATED ACREAGE DAMAGED:		
REMARKS:		
RECEIVED BY: (print name here)		SIGNATURE: